

10/581508

AP20 Rec'd PCT/PTO 01 JUN 2006

## Application Data Sheet

### Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CRF:

Title: SUPPORT NETWORK SYSTEM OF MEDICAL  
INSTITUTION

Attorney Docket Number: SHIO-0189

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: n/a

Total Drawing Sheets: 13

Small Entity?: Yes

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Japan  
**Status:** Full Capacity  
**Given Name:** Kazuhiro  
**Middle Name:**  
**Family Name:** Kawasaki  
**Name Suffix:**  
**City of Residence:** Hyogo  
**State or Province of Residence:**  
**Country of Residence:** Japan  
**Street of mailing address:** 1535-8, Ookubo, Ookubo-cho, Akashi-shi  
**City of mailing address:** Hyogo  
**State or Province of mailing address:**  
**Country of mailing address:** Japan  
**Postal or Zip Code of mailing address:** 6740051

## **Correspondence Information**

**Correspondence Customer No.:** 23377  
**Name:**  
**Street of Mailing Address:**  
**City of Mailing Address:**  
**State or Province of Mailing Address:**  
**Country of Mailing Address:**  
**Postal or Zip Code of Mailing Address:**  
**Address:**  
**Phone number:**  
**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## Domestic Priority Information

**Application:**                      **Continuity Type:**                      **Parent Application:**                      **Parent Filing Date:**

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
Japan	2003-436193	December 1, 2003	Yes

## Assignee Information

**Assignee name:**

**Street of mailing address:**

**City of mailing address:**

**State or Province of mailing address:**

**Country of mailing address:**

**Postal or Zip Code of mailing address:**